STATEMENT OF

PAGE 1/7

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Liberty Fund 8111 S. US HIghway 75 ADDRESS (number and street) Suite 200 (Check if address is changed) Sherman 75091 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS VICTORY@AMERICANLIBERTYFUND.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) AMERICANLIBERTYFUND.COM (Check if address is changed) DATE 2020 C00623421 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Edwards, Paula, Yvonne, , Type or Print Name of Treasurer Edwards, Paula, Yvonne,, [Electronically Filed] 80 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	Dag - 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
_	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revise	ed 02/2009)	 Page 3
Write or Type Committee Na		. 230 0
American Libe	erty Fund	
	d Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
NONE		
Mailing Address		
,		
	CITY STATE	ZIP CODE
	cted Organization Affiliated Committee Joint Fundraising Representati	
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the per	rson in possession of committee
Edward Full Name	ls, Paula, Yvonne, ,	
Mailing Address	1628 K Street, NW	
Walling Address	Suite 300	
	Washington	20006
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	02 669 3053
5. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; a ., assistant treasurer).	and the name and address of
Full Name Edwards of Treasurer	s, Paula, Yvonne, ,	
Mailing Address	1628 K Street, NW	
	Suite 300	
	Washington	20006
Title or Position Treasurer	CITY STATE	ZIP CODE 02 669 3053
	Telephone number	

FEC FORM	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Cory, Michael, Shane, ,	
Mailing Address	8111 S. US HIghway 75	
	Suite 200	
	Sherman TX 75091 CITY STATE Z	ZIP CODE
Title or Position Board Member		029 - 0776
Mama of Down.		
Name of Bank, Dank, Dank	BB&T 400 George St	
	BB&T	
	BB&T 400 George St Fredericksburg VA 22401	ZIP CODE
	BB&T 400 George St Fredericksburg VA 22401 CITY STATE	ZIP CODE
Mailing Address	BB&T 400 George St Fredericksburg VA 22401 CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	BB&T 400 George St Fredericksburg VA 22401 CITY STATE	ZIP CODE
Mailing Address	BB&T 400 George St Fredericksburg VA 22401 CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	BB&T 400 George St Fredericksburg VA 22401 CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	BB&T 400 George St Fredericksburg CITY STATE Depository, etc.	ZIP CODE ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

h). Joint Fundraising	1	FEO ID	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected O	rganization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	<u> </u>		
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected Connec	Organization Affiliated Committee Jo by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
Connected Connec	Organization Affiliated Committee Joey name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
Connected Connec	Organization Affiliated Committee Jo by name, address (phone number – optional) , 8111 S. US HIghway 75	int Fundraising Represent	Leadership PAC S
esignated Agent: Identify b Barr, Bob, , Full Name	Organization Affiliated Committee Jo ny name, address (phone number – optional) , 8111 S. US HIghway 75 Suite 200	int Fundraising Represent	
esignated Agent: Identify b Barr, Bob, , Full Name	Organization Affiliated Committee Jo by name, address (phone number – optional) , 8111 S. US HIghway 75	int Fundraising Represent	Leadership PAC S
esignated Agent: Identify b Barr, Bob, , Full Name	Organization Affiliated Committee Jo ny name, address (phone number – optional) , 8111 S. US HIghway 75 Suite 200 Sherman		
esignated Agent: Identify be Barr, Bob, , Full Name _ _ Mailing Address	Organization Affiliated Committee Jo by name, address (phone number – optional) 8111 S. US HIghway 75 Suite 200 Sherman CITY	TX STATE A	75091
esignated Agent: Identify be Barr, Bob, , Full Name	Organization Affiliated Committee Joe by name, address (phone number – optional) 8111 S. US HIghway 75 Suite 200 Sherman CITY CITY SE: List all banks or other depositories in which	TX STATE A Telephone Number	75091 ZIP CODE A
esignated Agent: Identify be Barr, Bob, , Full Name Halling Address TITLE OR POSITION Chairman of Board Chairman of Board Anks or Other Depositorie afety deposit boxes or maintain ame of Bank,	Organization Affiliated Committee Joe by name, address (phone number – optional) 8111 S. US HIghway 75 Suite 200 Sherman CITY CITY SE: List all banks or other depositories in which	TX STATE A Telephone Number	75091 ZIP CODE A
esignated Agent: Identify be Barr, Bob, , Full Name Mailing Address TITLE OR POSITION Chairman of Board anks or Other Depositorie afety deposit boxes or maintain ame of Bank, epository, etc.	Organization Affiliated Committee Joe by name, address (phone number – optional) 8111 S. US HIghway 75 Suite 200 Sherman CITY CITY SE: List all banks or other depositories in which	TX STATE A Telephone Number	75091 ZIP CODE A
esignated Agent: Identify be Barr, Bob, , Full Name Halling Address TITLE OR POSITION Chairman of Board Chairman of Board Anks or Other Depositorie afety deposit boxes or maintain ame of Bank,	Organization Affiliated Committee Joe by name, address (phone number – optional) 8111 S. US HIghway 75 Suite 200 Sherman CITY CITY SE: List all banks or other depositories in which	TX STATE A Telephone Number	75091 ZIP CODE A
esignated Agent: Identify be Barr, Bob, , Full Name Mailing Address TITLE OR POSITION Chairman of Board anks or Other Depositorie afety deposit boxes or maintain ame of Bank, epository, etc.	Organization Affiliated Committee Joe by name, address (phone number – optional) 8111 S. US HIghway 75 Suite 200 Sherman CITY CITY SE: List all banks or other depositories in which	TX STATE A Telephone Number	75091 ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

Full Name Mailing Address TITLE OR POSITION Board Member Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository, etc.	ies: List all banks or	CITY A	Telephone Nu	ımber	75091 ZIP CODE 640 929 of funds, holds accounts, rents
Mailing Address TITLE OR POSITION Board Member Banks or Other Depositor safety deposit boxes or mai	Suite 200 Sherman Sherman ies: List all banks or	CITY A	Telephone Nu	STATE ▲ umber 5	ZIP CODE ▲ 540 - 929 - 0776
Mailing Address TITLE OR POSITION Board Member Banks or Other Depositor safety deposit boxes or mai	Suite 200 Sherman Sherman ies: List all banks or	CITY A	Telephone Nu	STATE ▲ umber 5	ZIP CODE ▲ 540 - 929 - 0776
Mailing Address TITLE OR POSITION Board Member Banks or Other Depositor safety deposit boxes or main	Suite 200 Sherman Sherman ies: List all banks or	CITY A	Telephone Nu	STATE ▲ umber 5	ZIP CODE ▲ 540 - 929 - 0776
Mailing Address TITLE OR POSITION Board Member Banks or Other Depositor	Suite 200 Sherman Sherman ies: List all banks or	CITY A	Telephone Nu	STATE ▲ umber 5	ZIP CODE ▲ 540 - 929 - 0776
Mailing Address TITLE OR POSITION Board Member	Suite 200 Sherman	CITY A	Telephone Nu	STATE ▲ umber 5	ZIP CODE ▲ 540 - 929 - 0776
Mailing Address TITLE OR POSITION	Suite 200			STATE A	ZIP CODE ▲
Mailing Address TITLE OR POSITION	Suite 200			STATE A	ZIP CODE ▲
	Suite 200	ay 75		TX	75091
	Suite 200	ay 75			
		ay 75			
Full Name					
				1 1 1	
Designated Agent: Identify Thomas, S		hone number – optiona	al)		
Connected	Organization Aff	iliated Committee	Joint Fundraising	Representa	tive Leadership PAC Spo
Relationship:		CITY A		STATE A	ZIP CODE ▲
Mailing Address					
Name of Any Connected (Organization, Affiliate	ed Committee, Joint F	undraising Rep	resentative	, or Leadership PAC Spons
				'	
4.			_ FEC ID	number	С
			− ∣ FEC ID	number	С
3.				number	C
			FEC ID	number	C

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

formation and/or 9 Page $\frac{7}{}$ of $\frac{7}{}$

n). Joint Fundraising	Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected C	Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Spor
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Relationship: Connected		Joint Fundraising Represent	ative Leadership PAC S
Connected	Organization Affiliated Committee by name, address (phone number – optiona	Joint Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Verney, Re	Organization Affiliated Committee by name, address (phone number – optiona	Joint Fundraising Represent	Leadership PAC S
connected esignated Agent: Identify Verney, Ro Full Name	Organization Affiliated Committee by name, address (phone number – optional ussell, , ,	Joint Fundraising Represent	Leadership PAC S
Connected esignated Agent: Identify Verney, Ro Full Name	Organization Affiliated Committee by name, address (phone number – optional ussell, , , 8111 S. US HIghway 75	Joint Fundraising Represent	Leadership PAC S
connected esignated Agent: Identify Verney, Ro Full Name	Organization Affiliated Committee by name, address (phone number – optional ussell, , , 8111 S. US HIghway 75 Suite 200 Sherman	Joint Fundraising Represent	75091
esignated Agent: Identify Verney, Ro Full Name Mailing Address	Organization Affiliated Committee by name, address (phone number – optional ussell, , , 8111 S. US HIghway 75 Suite 200 Sherman	Joint Fundraising Represent	75091
Connected esignated Agent: Identify Verney, Refull Name Mailing Address TITLE OR POSITION Board Member Anks or Other Depositori	Organization Affiliated Committee by name, address (phone number – optional assell, , , 8111 S. US HIghway 75 Suite 200 Sherman CITY es: List all banks or other depositories in which is the committee.	Joint Fundraising Represent	75091 ZIP CODE A
Connected Pesignated Agent: Identify Verney, Ro Full Name Mailing Address TITLE OR POSITION Board Member Panks or Other Depositori Infety deposit boxes or main Image and Manual Control of Bank,	Organization Affiliated Committee by name, address (phone number – optional assell, , , 8111 S. US HIghway 75 Suite 200 Sherman CITY es: List all banks or other depositories in which is the committee.	Joint Fundraising Represent	75091 ZIP CODE A
Connected Pesignated Agent: Identify Verney, Ro Full Name Mailing Address TITLE OR POSITION Board Member Panks or Other Depositori Infety deposit boxes or main Image and Manual Control of Bank,	Organization Affiliated Committee by name, address (phone number – optional assell, , , 8111 S. US HIghway 75 Suite 200 Sherman CITY es: List all banks or other depositories in which is the committee.	Joint Fundraising Represent	75091 ZIP CODE A
Connected esignated Agent: Identify Verney, Ro Full Name Mailing Address TITLE OR POSITION Board Member anks or Other Depositori fety deposit boxes or main ame of Bank, epository, etc.	Organization Affiliated Committee by name, address (phone number – optional assell, , , 8111 S. US HIghway 75 Suite 200 Sherman CITY es: List all banks or other depositories in which is the committee.	Joint Fundraising Represent	75091 ZIP CODE A